CASE OF ACUTE IDIOPATHIC PERICHONDRITIS AND ABSCESS OF THE NASAL SEPTUM.

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With the exception of one published by Dr. Clinton Wagner,[1] we have been unable to find a case similar to the following on record.

The patient, a young lady of sixteen, was a well-developed, robust blonde, with regular features and straight, finely formed nose. Her own previous history, and that of her family, was excellent. No evidence of any constitutional taint, either congenital or acquired, could be discovered. Her illnesses had been confined to those incident to early childhood, and even they had not been severe. Four days after the beginning of the herein-described attack, she presented herself for treatment, and stated that the difficulty began after the manner of a simple acute coryza, the result apparently of an ordinary cold. The symptoms, however, increased rapidly in severity. The mucous lining of both nasal cavities continued to swell; and pain, at first absent, within thirty-six hours became a marked feature. It was described as first lancinating in character, and later as throbbing. During the first day the patient had a slight chill, followed by fever. Meanwhile the pain and fever had continued, and the general condition had grown steadily worse, until becoming seriously alarmed, she sought surgical aid.

When first seen the pulse was 120; temperature, 103°; tongue coated; bowels constipated. Externally the nose was greatly enlarged in size laterally, and was of an unhealthy erysipelatous livid hue. Both nostrils were completely occluded by their own mucous lining, which protruded in considerable masses from each, and there was an abundant mucous discharge. By means of a small flat probe it was easily demonstrated that the swelling extended in the direction from within outward. From the above data it was not difficult

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to diagnose an acute inflammatory process, originating in the deeper region of the nasal chambers and in the vicinity of the septum. The prognosis in such a case is of course serious as regards the integrity of the nose, for, even if the outer structures do not slough, the loss of the septum will be followed by a corresponding flattening of the nose. The actual danger also to life, either from erysipelas or from septicæmia, is also by no means inconsiderable; so that active interference seemed urgently indicated. Accordingly, by means of a small round-tipped tenotomy knife a free incision was made upward and backward on both sides of the septum, about an inch and a quarter from the meatus. From this about two drachms of ichorous pus was evacuated, and there was a free discharge of blood. Upon examining the cavity of the abscess with a probe, it was found that a perforation at least half an inch in diameter existed in the cartilaginous septum at its junction with the vomer. The cavity was cleansed with an antiseptic solution and free drainage maintained by means of a pledget of cotton-wick passed up one nostril, through the perforation, and down the other, the ends of the dressing being allowed to protrude from each nostril. Lead-and-opium wash was applied to the nose externally, and appropriate constitutional measures instituted. Relief was immediate. All of the active symptoms quickly subsided, and under a treatment which consisted almost entirely in keeping the parts carefully cleansed, the healing process was soon established; exuberant granulations were removed when necessary, and an effort made to prevent the formation of large cicatrices. A month after the first appearance of the abscess the perforation of the septum had almost closed and all discharge had ceased, to the great satisfaction of the patient. The external deformity which resulted was very slight, and was scarcely perceptible.

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